DIVISION OF PHARMACEUTICAL SCIENCES ARNOLD & MARIE SCHWARTZ COLLEGE OF PHARMACY AND HEALTH SCIENCES Comprehensive Examination Request Form PP 0003

REQUEST TO PARTAKE IN GRADUATE COMPREHENSIVE EXAMINATION

NOTE: Students are **ONLY** eligible to register for the Graduate Comprehensive Examination if the following requirements are met: 27 credits have been completed to date, GPA is 3.00 or higher, student is registered for current academic term, 36 credits will be completed by end of current academic term.

Please fill out this form **ONLY** if you meet **ALL** of the above requirements.

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To: Division of Pharmace		cal Sciences	
From:	Name:		
	Student ID:		
Re:	GRADUATE COMPRE	CHENSIVE EXAMINATION	
APPLICA	ATION DEADLINE DATE	:	
Student Si	gnature:		
Today's D			
_	the Bursar stamp or receipt	copy of your application form and proof of payment (s). LOW THIS LINE. OFFICE USE ONLY	
GPA:	DO NOT WRITE BEI	30 W TITIO ETIVE. OTTTOE COL OTVET	
	emplete:		
Notes:			
Advisor's S	Signature:	_Date:	
DEPART	MENT PERMISSION GRAN	NTED FOR COMP EXAM: YES/NO (circle one).	
Director's	Signature:	Date:	